

January 2, 2009

EPA ID:

**SUBJECT: ANNUAL TSD FACILITY AND GENERATOR REPORTING FOR CALENDAR  
YEAR 2008**

Enclosed are the forms and instructions necessary for completing your annual hazardous waste reports for calendar year 2008. Two separate reporting forms are included; the annual TSD facility report and the annual generator report.

Please read the instructions carefully to ensure both reports accurately reflect hazardous waste management activities at your facility for the calendar year 2008. This is especially important for facilities that are permitted to treat or store waste on-site and that also ship waste off-site.

These reports must be submitted to this office by March 1, 2009. Submit the reports to:

Waste & Underground Storage Tank Management Bureau  
Hazardous Waste Section  
P.O Box 200901  
Helena, Montana 59620-0901

Invoice for assessment of annual Hazardous Waste registration fees will be mailed about May 2009.

If you have any questions or encounter difficulties in completing the report, please contact your DEQ Facility Project Manager: Ann Kron (406) 444-5824; Denise Kirkpatrick (406) 444-3983; or Rebecca Holmes (406) 444-2876 of the Hazardous Waste Permitting Unit.

Sincerely,



Mark Hall  
Hazardous Waste Section Supervisor

Enclosures: 2008 TSD Facility Annual Hazardous Waste Report Forms  
2008 TSD Facility Annual Hazardous Waste Report Instructions  
2008 Generator Annual Hazardous Waste Report Forms  
2008 Generator Annual Hazardous Waste Report Instructions

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY****2008 TSD FACILITY ANNUAL REPORT FORM**

This report is for the calendar year ending December 31, 2008. Please read all instructions in BLUE Instruction Booklet carefully before making any entries on form. PLEASE TYPE / PRINT

**PART ONE****GENERAL INFORMATION**

Mailing Date: January 2, 2009

(Please make corrections in space provided)	I.	Did this facility treat, store, or dispose of regulated quantities of hazardous waste at any time during 2008?	<input type="checkbox"/> Yes	If <b>YES</b> , fill out Parts One through Three, as appropriate and return to DEQ.	
		<b>NON-REGULATED STATUS</b>	<input type="checkbox"/> No	If <b>NO</b> , fill out Part One only and return to DEQ.	
		This Facility's Non-Regulated Status is expected to apply:	<input type="checkbox"/> For 2008 Only <input type="checkbox"/> Permanently <input type="checkbox"/> Other _____		
		Explain your non-regulated status	_____ _____ _____		
	II.	<b>FACILITY EPA ID NUMBER</b>			
	III.	<b>FACILITY NAME</b>			
	IV.	<b>COUNTY</b>	COUNTY		
		<b>LOCATION ADDRESS OF FACILITY</b>	_____ _____ _____		
	V.	<b>FACILITY MAILING ADDRESS</b>			
	VI.	<b>CONTACT PERSON</b>	Title: _____		
<b>ALTERNATE CONTACT</b>		_____			
<b>TELEPHONE / FAX NUMBER</b>		Ext.	Fax		
VII.	<b>COST ESTIMATES FOR FACILITIES</b>	Estimate for Closure of Regulated Unit(s) .....	\$		
		Estimate for Post Closure Care of Regulated Unit(s) .....	\$		
VIII.	<b>CERTIFICATION</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (40 CFR 270.11).			
(Please Print or Type)					
_____					
(Name)		(Signature)			
_____					
(Title)		(Date Signed)			

(Make copies of this sheet for additional pages)

**PART TWO****WASTE IDENTIFICATION AND MANAGEMENT****IX. ☐ Generated On-Site**

Check box if waste was generated and treated, stored or disposed at your facility, then enter "NA" in Sections X, XI, and XII.

**XI. Generator Name**

(Specify generator from whom all wastes listed on this page were received)

**XII. Generator Address**

(Street or P.O. Box)

**X. Generator EPA ID Number**

(Enter Generator 12 digit EPA ID No.)

(City or Town)

(State)

(Zip Code)

<b>XIII. A</b>		<b>B</b>						<b>C</b>			<b>D</b>			<b>E</b>			<b>F</b>
Description of Waste		EPA Hazardous Waste Codes						Last Facility Process Method			Final Off-Site Process Method			Amount of Waste			Unit of Measure
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	

**XIV. COMMENTS:**

(Make copies of this sheet for additional pages)

**PART THREE****TOTAL WASTE IN STORAGE ON DECEMBER 31, 2008**

<b>XV.</b>	<input type="checkbox"/>	<b>No Waste was in storage on December 31, 2008</b> Check this box if NO hazardous waste was in storage at your facility on December 31, 2008.															
	<input type="checkbox"/>	<b>Waste was in storage on December 31, 2008</b> Check this box if hazardous waste was in storage at your facility on December 31, 2008, then fill out Section XVI.															
<b>XVI.</b>	<b>A</b>		<b>B</b>				<b>C</b>			<b>D</b>				<b>E</b>		<b>F</b>	
	<b>Description of Waste</b>		<b>EPA Hazardous Waste Codes</b>				<b>Storage Process Code</b>			<b>Amount of Waste</b>				<b>Unit of Measure</b>		<b>Year Waste Placed in Storage</b>	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
<b>XVII. COMMENTS:</b> _____																	
_____																	